

ARIZONA DEPARTMENT OF HEALTH SERVICES  
OFFICE OF CHILD CARE LICENSING

**LOG OF ILLNESS OR INFESTATION**

~ R9-5-515. A. B. C. D. ~

Date	Time	Affected Child/Staff Name	Illness or Infestation	Action Taken	Notification		Time Removed From Facility	Initials
					Time	Method		

**RETAIN RECORD OF NOTIFICATION ON FACILITY PREMISES FOR 3 MONTHS FROM LAST ENTRY**